

# TRIBAL OPIOID ABATEMENT USE REPORTING Calendar Year 2025

Reporting Period: \_\_\_\_\_

Tribe Name: \_\_\_\_\_

Tribe ID: \_\_\_\_\_

**Each Tribe or Tribal Health Organization  
must complete this form before it can receive additional Abatement Funds**

Use this form to report to the Tribal Abatement Fund Directors your Tribe’s use of its Opioid Abatement Funds from the Tribal Opioid Settlements during the calendar year listed above. As provided in the Tribal Opioid Settlement Agreements, the Tribe/Tribal Health Organizations (hereinafter “Tribe”) Beneficiaries shall use the Abatement Funds received for programs for the approved abatement strategies and also for culturally appropriate activities, practices, teachings or ceremonies that are, in the judgment of a Tribe or Tribal Organization, aimed at or supportive of remediation and abatement of the opioid crisis within the tribal community. **No other uses for the funds are authorized.** The list of approved uses (Schedule B) and the list of representative examples of Tribal Abatement Strategies (Schedule D) are attached or linked to this Form for your convenience.

[Schedule B](#) outlines a non-exclusive list of approved uses to support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies.

[Schedule D](#) is a non-exclusive illustrative list of culturally appropriate activities, practices, teachings or ceremonies that may, in the judgment of the Tribes, be aimed at or supportive of remediation and abatement of the opioid crisis within a tribal community.

By checking this box, I certify that the Tribe listed above spent its Opioid Abatement Funds on Approved Uses and abatement strategies to abate the opioid crisis in its tribal community.

Please review Schedules B and D and identify all the categories on how the funds were used. If the Tribe used the funds for the activities and strategies not listed in Schedule B and D, please use the “OTHER ACTIVITIES & STRATEGIES” field to provide how the funds were used. Tribes, at their discretion, can provide success stories, metrics, or other information to describe how the funds have helped the community.

**SCHEDULE B – APPROVED USES**

**Treatment**

Treat Opioid Use Disorder (OUD)

Support People in Treatment and Recovery

Connect People Who Need Help to The Help They Need (Connections to Care)

Address The Needs of Criminal-Justice-Involved Persons

Address The Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome

Optional: Additional information on how the funds were used.

SAMPLE

**Prevention**

Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing Of Opioids

Prevent Misuse of Opioids

Prevent Overdose Deaths and Other Harms (Harm Reduction)

Optional: Additional information on how the funds were used.

SAMPLE

**Other Strategies**

First Responders

Leadership, Planning and Coordination

Training

Research

Optional: Additional information on how the funds were used.

SAMPLE

**SCHEDULE D - TRIBAL ABATEMENT STRATEGIES**

Traditional Activities Associated with Cultural Identity and Healing

Culturally Competent Integrated Treatment Models

Culturally Grounded Community Prevention

Peacekeeping and Wellness Courts

Community Workforce Development and Training

Optional: Additional information on how the funds were used.

SAMPLE

SAMPLE

If the Tribe listed above failed to spend the Abatement Funds provided, please check this box and use the space below to explain how and when the Tribe plans to use the funds for opioid abatement strategies.

SAMPLE

By signing below, I certify that I have examined this report and, to the best of my knowledge and belief, it is true, correct and complete. I certify that I have authority to sign this document on behalf of the Tribe listed above. I further agree that the Tribe will provide additional detail about how it has used and plans to use the funds upon request of the Directors, and to cooperate in any review of those uses if the Directors determine, in their discretion, that such a review is necessary to monitor expenditures.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

SAMPLE